Exhibit A

Counsel	Certification	Form ¹

	I,, hereby certify pursuant to 28 U.S.C. § 1746 as follows:			
	I am an attorney in good standing who is admitted to practice law in the States of			e States of
	My information is as follo	ws:		
	Law Firm			
	Street			
	City	State	Zip Code	
	Phone Number	E-mail Add	lress	
	State Bar ID Numbers			
<u>Subpa</u>	rt 1: Case Identification			
	Exhibit 1 to this certificate Plaintiffs I or my firm repr		complete list of all Go	overnment Entity
Subpa	rt 2: Confidentiality			
	I agree to abide by the con Settlement Agreement.	fidentiality provisions	set forth in Section 25	of the Government Entity
<u>Subpa</u>	rt 3: Certification			
	I certify that neither I nor a for whom we plan on filing Claims.	•		-
I certif	fy under penalty of perjury t	that the foregoing is tru	ie and correct.	

¹ Capitalized terms, unless otherwise defined, carry the meaning used in the Government Entity Settlement Agreement.

9	<u>Counsel</u>	Certification	Form
-			

	Ι,	, hereby cert	ify pursuant to 28 U.S.	C. § 1746 as follows:
	I am an attorney in good standi	ng who is admitt	ed to practice law in the	e States of
	My information is as follows:			
	Law Firm			
	Street			
	City	State	Zip Code	
	Phone Number	E-mail Ad	dress	
	State Bar ID Numbers	_		
Subpa	art 1: Case Identification			
	Exhibit 1 to this certification c or my firm represents.	ontains a true and	d complete list of all Pe	rsonal Injury Plaintiffs I
Subpa	art 2: Confidentiality			
	I agree to abide by the confider Settlement Agreement.	ntiality provisions	s set forth in Section 26	of the Personal Injury
Subpa	art 3: Certification			
	I certify that neither I nor my fi whom we plan on filing cases a			*
I certi	ify under penalty of perjury that t	he foregoing is tr	ue and correct.	
				

¹ Capitalized terms, unless otherwise defined, carry the meaning used in the Personal Injury Settlement Agreement.

Counsel	Certification	Form

	I,, hereby certify pursuant to 28 U.S.C. § 1746 as follows:			
	I am an attorney in good standing who is admitted to practice law in the States of			
	My information is as fo	llows:		
	Law Firm			
	Street			
	City	State	Zip Code	
	Phone Number	E-mail A	Address	
	State Bar ID Numbers			
<u>Subpa</u>	art 1: Case Identification			
	Exhibit 1 to this certific represents.	cation contains a true a	and complete list of all 7	Tribal Plaintiffs I or my firm
Subpa	art 2: Confidentiality			
	I agree to abide by the c Agreement.	confidentiality provision	ons set forth in Section 2	25 of the Tribal Settlement
Subpa	art 3: Certification			
	I certify that neither I no plan on filing cases again	• •		we represent for whom we Released Claims.
I certi	fy under penalty of perjui	ry that the foregoing is	s true and correct.	
				

¹ Capitalized terms, unless otherwise defined, carry the meaning used in the Tribal Settlement Agreement.